SERIAL NO. FILING DATE MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) APPLICANT(S) 09/8681777 CLAIMS AFTER AFTER
1st AMENDMENT 2nd AMENDMENT AS FILED. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DZP. IND DEP. <u>51</u> . 7 . . <u>15</u> 4 :3 <u>50</u> TAL TOTAL TAL TOTAL DEP. CON. STEEL THE THE THE THE TREET OF STATE TO STATE TO STATE THE TREET STATE TO STATE THE VAMPE

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